

CLAIMS ONLY						Application Number 10/500 482	Filing Date					
						Applicant(s)						
						• May be used for additional claims or amendments						
CLAIMS			AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/						51			
2			/						52			
3			/	2					53			
4			/	2					54			
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46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep			/						Total Indep			
Total Depend			/	15					Total Depend			
Total Claims			/	16					Total Claims			